

# ACLS/ PALS

## Changes & Updates

Presented by

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# Topics To Be Covered

- Post Course Reports
- Annual Reports/ Re-Affiliation Packages
- Program Director Nomination
- TSF Appointment
- Program Administrator Nomination
- CME Issuance

# Topics To Be Covered cont.

- Instructor Folders
- ACLS Online Class
- PEARs Program

# Post Course Reports

- Due within 30 days of course completion date.
- If not received on time, CME letters will **NOT** be issued.
- PCR's must be on current MTN Forms.

# Post Course Reports

- PCR Cover Page
- Instructor Renewal (as needed)
- Grade Report
- Agenda
- “Summary” Evaluation

# Post Course Reports

## Commonly missed items:

- Signatures
- Dates on instructor renewal roster
- Grade Report has blanks
- Hand Written vs Typed
- PCR cover sheet numbers

# POST COURSE REPORT

## POST COURSE REPORT (Complete one PCR for each course)

Date: 3/16/08Type of course conducted ACLS - PROVIDERTraining Site Name 325 TH AESComplete Course Location BLDG 3450 PERIMETER RD

| Date Started | Date Completed | # Enrolled | # Enrollees Retrained<br>(those who completed course<br>at least once in their past) | # cards issued<br>Provider / Instructor | # of instructor<br>reregistered |
|--------------|----------------|------------|--|---|---------------------------------|
| 3/15/08      | 3/16/08        | 6          | 2  | 6 / 0                                   | 0                               |

**Lead Instructor's Information**(Full Name, Rank, Corps) Joseph Smith(Duty Phone No.) Comm 618-257-1518 DSN 304-1518(Duty Email Address) joseph.smith@us.af.mil

Infection Control Guidelines were  
adhered to during course and equipment was  
cleaned IAW Manufacturers instructions at the  
completion of the course:

Joseph Smith  
Signature and Title

**Program Administrator Information**(Full Name, Rank, Corps) Julie Cunningham(Duty Phone No.) Comm 618-257-1518 DSN 314-1518(Duty Email Address) julie.cunningham@us.af.mil

I certify this course has been conducted under the standards and procedures established by the American Heart  
Association and the Military Training Network.

Mary Walker  
Program Director Signature

Julie Cunningham  
Program Administrator Signature

| MILITARY TRAINING NETWORK INSTRUCTOR LIST                                  |   |                                       |                     |                                      |
|--|---|---------------------------------------|---------------------|--------------------------------------|
| Instructor's Full Name (Last, First, MI)<br>Rank, Branch of Service, Corps | Professional<br>Licensure (MD,<br>DO, CRNA, RN,<br>EMT, etc.) | AHA<br>Instructor<br>Card Exp<br>Date | PD, TSF, or<br>Inst | **Renewing<br>Instructor<br>(yes/no) |
| Joseph Smith, Col, MD  | NREMT-B   | 03/10                                 | TSF                 | Y                                    |
| Last Entry   | Last Entry  | Last Entry                            | Last Entry          | Last Entry                           |
| At the end of all lists please make the final entry "last entry"           |   |                                       |                     |                                      |
|  |   |                                       |                     |                                      |
|  |   |                                       |                     |                                      |
|  |   |                                       |                     |                                      |
|  |   |                                       |                     |                                      |

\*\* For renewing Instructors Attach the Instructor Renewal Form.

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**GRADE REPORT FOR PALS PROVIDER COURSE**COURSE DATE: 3/16/08

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column).

| CME*   | Name (Last, First, MI)<br>Rank, Branch of Service, Corps | Professional<br>Licensure (MD,<br>DO, CRNA, RN,<br>EMT, etc.) | BLS<br>CARD<br>EXP DATE | Core<br>Test 1 | Core Test<br>2 | Written<br>Exam<br>(~84%)(+) | CPR-D<br>Skills | First<br>Time<br>Student<br>(Y or N) | Performance<br>Level |
|--|--|---|-------------------------|----------------|----------------|------------------------------|-----------------|--------------------------------------|----------------------|
|  | Nesbit, Michael, SFC, USA                                | NREMT-P   | 3/10                    | C              | C              | 95                           | C               | N                                    | C                    |
| *  | Garret, Brian, MAJ, USA, MC                              | MD  | 3/10                    | C              | C              | 100R                         | C               | N                                    | C                    |
|  | Johnston, Rebekka, SSgt, USAF                            | NREMT-B   | 3/10                    | c              | c              | 85                           | C               | Y                                    | C                    |
|  | Last Entry   |   |                         |                |                |                              |                 |                                      |                      |
| At the end of all lists please make the final entry "last entry" |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |
|  |  |   |                         |                |                |                              |                 |                                      |                      |

\* Denotes individuals receiving CME credits (place CME column). Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. Do not  
enter medical students, medical interns, or other licensed/certified healthcare workers.

- Annotate the grade received on the written exam. For individuals who have retested place an "R" next to the score.

TIME \@ "MM/DD/YY" April 08

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# Annual Reports/ Re-affiliation Packages

- Due to the MTN by September 30 each year. (Date never changes)
- Incomplete packages will be shredded
- Package will not be accepted if missing any items.
- Courses taught after 30 Sept without receipt of an approved Annual Report will not be issued CME's

# Annual Reports/ Re-affiliation Packages cont.

- If you can turn your packages in early please do.
- Please try not to schedule classes after the middle of September in order to meet the deadline.

# Annual Reports/ Re-affiliation Packages cont.

- Annual Report (with signatures)
- Re-affiliation
- Agenda
- Program Director CV
- Instructor list
- Projected Course dates for new FY

# What makes a complete Package

- Re-affiliation package (3 pages)
- Annual Report (2 pages)
- Copies of agendas for courses being taught (agendas must follow AHA guidelines)
- Updated CV on Program Director

# What makes a complete Package cont.

- If you have added/changed any positions send those nomination/appointment forms
- Copies of Financial Disclosure form for all instructors
- Post Course Reports if not already submitted

# Re-affiliation Package

## MILITARY TRAINING NETWORK AFFILIATION/RE-AFFILIATION REQUEST FORM

We plan to conduct the following training:

(Please fill out one sheet per program)

**Include proposed course schedule/outline/agenda for each type of course**

☐ BASIC LIFE SUPPORT ☒ ADVANCED CARDIAC LIFE SUPPORT ☐ PEDIATRIC ADVANCED LIFE SUPPORT DATE: 9/07/08

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|   |   |              |               |          |          |
|---|---|--------------|---------------|----------|----------|
| Unit Name   | 325 <sup>th</sup> Aeromedical Evacuation Squadron | Phone: Comm  | 618-257-1518  | DSN      | 314-1518 |
| Mailing Address for MTN correspondence:<br>Unit /Office: 325 <sup>th</sup> Aeromedical Evacuation Squadron<br>Street Address: 2658 Chappy James Blvd<br>City State Zip: Scott AFB, IL 62225 | Fax: Comm   | 618-257-1946 | MTN Site Code | N/A      |          |
| Commanders Office   |   |              |               |          |          |
| Phone: Comm   |   | 618-257-6968 | DSN           | 314-6968 |          |

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|  |                       |                           |                            |
|--|-----------------------|---------------------------|----------------------------|
| Program Director: (Must provide MTN CV annually) |                       | Program Administrator:    |                            |
| Name:  | Walker, Mary          | Name:                     | Cunningham, Julie          |
| Rank:  | Col                   | Rank:                     | SSgt                       |
| (Lastname, Firstname, MI)                        |                       | (Lastname, Firstname, MI) |                            |
| Duty Phone: Comm:                                | 618-257-1518          | Duty Phone: Comm:         | 618-257-1518               |
| DSN:   | 314-1518              | DSN:                      | 314-1518                   |
| Duty E-mail:                                     | Mary.walker@us.af.mil | Duty E-Mail:              | Julie.cunningham@us.af.mil |
| TSF Card Expiration Date:                        | 03/09                 | Date of Appointment:      | 03/22/08                   |

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| Estimated number to be trained |            |          |
|--------------------------------|------------|----------|
| Program                        | Instructor | Provider |
| ACLS                           | 20         | 50       |
| PALS                           | 0          | 0        |
| PEARS                          |            | 0        |
| BLS-HCP                        | 0          | 0        |
| Heartsaver                     | 0          | 0        |
| Heartsaver AED                 |            | 0        |
| Heartsaver CPR                 |            | 0        |

**\*\* CME IS OFFERED FOR ALL ACLS & PALS COURSES AND MUST BE PRE-APPROVED**

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REQUEST CME THROUGH THE MTN? Check one ☒ YES ☐ NO

WE HAVE MEDICAL STUDENTS OR INTERNS? Check one ☐ YES ☒ NO

I CERTIFY THAT ALL EQUIPMENT IAW AHA INSTRUCTOR MANUAL IS AVAILABLE TO CONDUCT TRAINING.

Charles Ziegler, Col, USAF, MC

Signature Block Commanding Officer/Unit Commander/Facility Director

May 08

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Charles Ziegler

Signature

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# Annual Report

## MILITARY TRAINING NETWORK ACLS/PALS ANNUAL REPORT

\*\*\*\*\*PLEASE DO NOT INCLUDE MORE THAN ONE PROGRAM PER REPORT\*\*\*\*\*

FY 08

325<sup>th</sup> Aeromedical Evacuation Squadron, Scott AFB, IL  
(Name and Location of the Facility)

| Program | Number of Providers Trained (Initial Trng) | Number of Providers Re-trained | Total Providers Cards Used / Destroyed Cards | Provider Card Balance |
|---------|--|--------------------------------|--|-----------------------|
| ACLS    | 83   | 20                             | 103 / 0                                      | 50                    |
| PALS    | N/A  | N/A                            | N/A  | N/A                   |
| PEARS   | N/A  | N/A                            | N/A  | N/A                   |

| Program | Number of Instructors Trained | Number of Instructors Re-registered | Total TSF Cards Used / Destroyed | Total Instructor Cards Used / Destroyed Cards | Instructor Card Balance |
|---------|-------------------------------|-------------------------------------|----------------------------------|---|-------------------------|
| ACLS    | 20                            | 3                                   | 3 / 0                            | 23 / 0  | 10                      |
| PALS    | N/A                           | N/A                                 | N/A                              | N/A   | N/A                     |

### PROJECTED CARD USE FOR FY \_\_\_\_

|      | Instructor | Provider | TSF | PEARS |
|------|------------|----------|-----|-------|
| ACLS | 20         | 85       | 2   |       |
| PALS | N/A        | N/A      | N/A | N/A   |

MTN Appointed Positions:

Program Director Mary Walter  
(Signature)

Program Administrator Julie Cunningham  
(Signature)

Attachments: List of Courses Completed

May 08



# Annual Report

## MILITARY TRAINING NETWORK

LIST OF COURSES COMPLETED FY 07

|          |                       |                |     |
|----------|-----------------------|----------------|-----|
| FACILITY | 325 <sup>TH</sup> AES | REGION/COMMAND | N/A |
|----------|-----------------------|----------------|-----|

| DATE OF COURSE  | NUMBER OF PROVIDERS TRAINED | NUMBER OF PROVIDERS RE-TRAINED | NUMBER OF INSTRUCTORS TRAINED | NUMBER OF INSTRUCTORS RE-REGISTERED | PCR SENT TO MTN<br>(If no, please attach)                           |
|---|-----------------------------|--------------------------------|-------------------------------|-------------------------------------|---|
| 3/08/07   | 6                           | 3                              | 0                             | 0                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| List all courses taught in previous FY. If PCRs have not been submitted, please do so with the report |                             |                                |                               |                                     |   |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|   |                             |                                |                               |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |



# Financial Disclosure Form

## Uniformed Services University of the Health Sciences (USUHS) Continuing Education Activity

### DISCLOSURE FORM

As an accredited continuing education provider, the Uniformed Services University of the Health Sciences must ensure balance, independence, objectivity, and scientific rigor in all its directly or jointly sponsored educational activities. Individuals associated with an accredited activity are to disclose to the activity audience any significant financial interest or other relationship with (1) the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) any commercial supporters of the activity. Relevant financial relationships include those occurring within the past 12 months that create a conflict of interest, e.g., grants or research support, employee status, consultant, major stockholder, member of speaker's bureau, etc. This disclosure provides listeners with information to determine whether the interests or relationships influence the presentation.

#### TITLE OF CE ACTIVITY:

#### DATE:

Check one of the following statements:

- ☐ I, the undersigned (and immediate family members), have no relationships to disclose.
- ☐ I, the undersigned (and immediate family members), have a financial arrangement or affiliation with a commercial interest offering financial support or grant monies for, or related to, this activity; and/or
- ☐ I, the undersigned (and immediate family members), have a financial relationship with a manufacturer of a product discussed in my presentation at this continuing education program as follows:

| <i>Nature of Affiliation / Financial Interest</i>               | <i>Name of Commercial Interest</i> |
|---|------------------------------------|
| Do not disclose the actual financial value of any affiliation.  |                                    |
| <input type="checkbox"/> Grants/Research Support                |                                    |
| <input type="checkbox"/> Consultant                             |                                    |
| <input type="checkbox"/> Stock Shareholder (directly purchased) |                                    |
| <input type="checkbox"/> Honorarium Recipient                   |                                    |
| <input type="checkbox"/> Other Financial or Material Support    |                                    |

Is there a discussion of unlabeled uses: ☐ Yes ☐ No

If yes, you must disclose this information during your presentation. How will you do this?

- ☐ Verbal statement during the presentation ☐ Information provided on handout
- ☐ Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)
- ☐ Other. Describe other:

I agree to the Commercial Support Terms and Conditions listed on the back of this form.

Print Your Name: \_\_\_\_\_

Your Role in This Activity: ☐ Planner ☐ Faculty ☐ Content Specialist

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CME

- To receive CME you must...
  - Have Financial Disclosure Forms on **ALL** Instructors
  - Have an approved agenda
  - Have a complete and correct PCR turned in **with in 30 days** from end of course
  - **NO APPROVED AGENDA NO CME !**

# PD Nomination

- Items that are required when submitting a PD nomination...
  - PD nomination form
  - TSF nomination form (if not a TSF already)
  - Curriculum vitae
  - Copy of Instructor card/ TSF card
  - Waiver letter if they don't meet all the criteria signed by unit commander or equivalent

# Program Director Nomination

## MILITARY TRAINING NETWORK PROGRAM DIRECTOR (PD) NOMINATION FORM

☒ ACLS    ☐ PALS    ☐ BLS

Instructions: To be completed and sent to the Military Training Network with appropriate signatures. The MTN Director approves nominations. The Program Director and Program Administrator can not be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. (Submit one nomination package for each discipline).

Name (with rank and/or title): **Mary Walker, MD., Col, USAF**

Complete Unit Name and    **325<sup>TH</sup> AEROMEDICAL EVACUATION SQUADRON**

Mailing Address:    **2658 CHAPPY JAMES BLVD**  
(No P.O.Boxes)    **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518    DSN 304-1518    Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968    DSN 314-6968

Work and/or home e-mail: **MARY.WALKER@US.AF.MIL**

Expiration date of current Training Site Faculty card: **03/09**

List the last 8 courses taught to include dates? **03/01/08, 02/08/08, 11/22/07, 10/29/07, 09/24/07, 04/11/07, 01/19/07, 12/08/06**

List date taught or assisted teaching an Instructor or Instructor Renewal course: **01/08/08**

MTN Program Director Commitment: As an MTN Program Director, I agree to uphold the program guidelines set forth by the Military Training Network and the American Heart Association. I will maintain my instructor and Training Site Faculty commitments including teaching provider/instructor courses and monitoring instructors. I also agree to strengthen the Chain of Survival and the mission of the MTN and American Heart Association within my community. Attached is my Training Site Faculty Card (front and back) and Curriculum Vitae (CV). I assume responsibility for all controlled items associated with this program.

☒ Completed Core Instructor's Course 07/31/06

\_\_\_\_\_  
Signature of Program Director Candidate

\_\_\_\_\_  
Date

Concur:

I concur and recommend this appointment.

\_\_\_\_\_  
Signature of Commander/Commanding Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Commander/Commanding Officer

# TSF Appointment Form

- For TSF Nomination submit the TSF Nomination form when you have new appointments
- Qualified TSFs approved by the PD are automatically approved by the MTN
- Submit a copy of the TSF card when you submit the appointment form



# TSF Nomination

## MILITARY TRAINING NETWORK TRAINING SITE FACULTY (TSF) NOMINATION FORM

☒ ACLS ☐ PALS ☐ BLS

☒ New Nomination

☐ Re-Nomination

 Is this person the Program Director? ☐ Yes ☒ No

Instructions: To be completed and then approved by the Program Director. Training Site Faculty status must be renewed every two years. Send or fax a copy of this form to the MTN Program Manager; retain a copy in the instructor file along with a copy of the TSF Card (both front and back) and CV.

Name (with rank and/or title): **SMITH, JOSEPH A, Col, MD**  
 Complete Unit Name and **325<sup>th</sup> AEROMEDICAL EVACUATION SQUADRON**

Mailing Address: **2658 CHAPPY JAMES BLVD**  
 (No P.O. Boxes) **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: **JOSEPH.SMITH@US.AF.MIL**

How long has the candidate been an Instructor? **3 YEARS**

Expiration date of current instructor card: **03/10**

List the last 8 courses taught to include dates: **03/01/08, 02/08/08, 11/22/07, 10/29/07, 09/24/07, 04/11/07, 01/19/07, 12/08/06**

List date taught or assisted teaching an Instructor or Instructor Renewal Course: **02/08/08**

MTN Training Site Faculty Commitment: As an MTN Training Site Faculty, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I agree to maintain my instructor commitments in addition to fulfilling the responsibilities of a Training Site Faculty. I also agree to strengthen the Chain of Survival and the mission of the MTN and the American Heart Association within my community.

\_\_\_\_\_  
*Joseph Smith*  
 Signature of Training Site Faculty Candidate

\_\_\_\_\_  
 03/19/08  
 Date

### Verification of Training Site Faculty Potential: (All required)

- ☒ Has been identified as having Training Site Faculty potential during performance as an Instructor
- ☒ Has demonstrated Training Site Faculty potential during a screening evaluation
- ☒ Has demonstrated exemplary performance of Provider skills
- ☒ Has had at least two-years experience as an Instructor or has taught at least eight courses
- ☒ Has served as a lead instructor or course director in at least one MTN course in respective discipline
- ☐ Re-Nomination: has taught at least one instructor and four provider courses over the past two years.
- ☒ Completed Core Instructor's Course **12/07/07**

\_\_\_\_\_  
*Mary Walker*  
 Signature of Program Director

**Mary Walker, MD, Col, USAF**  
 Name / Title

# PA Nomination

- For PA nomination send in the PA nomination form.
- Please send this in as soon as you know that there will be a change in the position
- **PA Orientation required**

# Making the job as PA easier

- **Card Count**
  - This is not required but will make your job easier when trying to account for cards at Annual report/Re-affiliation time.
- **MTN Handbook Familiarization.**

# Program Administrator Appointment

## MILITARY TRAINING NETWORK PROGRAM ADMINISTRATOR (PA) APPOINTMENT FORM

☐ ACLS    ☐ PALS    ☐ BLS

Instructions: To be completed then approved by the Program Director. Send a copy of the approved form to the MTN. The Program Director and Program Administrator cannot be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. (Use separate forms for each discipline)

Name (with rank and/or title): JULIE CUNNINGHAM, SSgt, USAF

Complete Unit Name and    325<sup>TH</sup> AEROMEDICAL EVACUATION SQUADRON

Mailing Address:    2658 CHAPPY JAMES BLVD

(No P.O. Boxes)    SCOTT AFB, IL 62225

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: julie.cunningham@us.af.mil

MTN Program Administrator Commitment: As an MTN Program Administrator, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I will read the Military Training Network's Administrative Handbook, and use it as the primary guide for my Program.

Program Administrator Orientation Conducted on 3/21/08

Julie Cunningham    3/22/08  
Signature of Program Administrator Candidate    Date

Concur:

I concur and finalize this appointment.

Mary Walker    3/22/08  
Signature of Program Director    Date

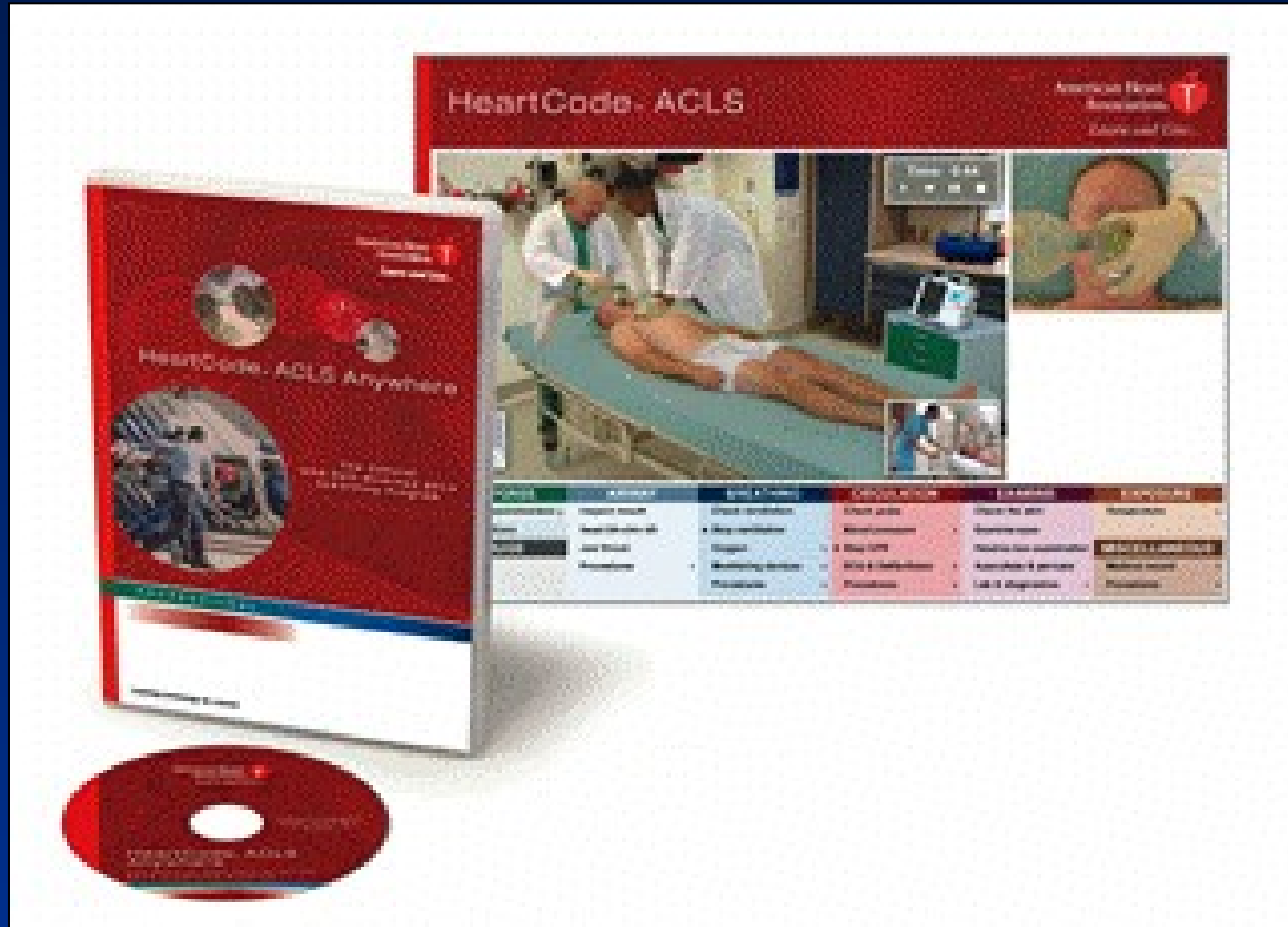
Mary Walker, MD, Col, USAF  
Printed Name of Program Director

# Instructor Folders

- Chapter 2 page 21 explains how to organize your folders to keep them uniform.
  - Left Side of record
    - Teaching Log
    - CV for TSFs and PDs
    - Financial Disclosure
    - Additional Certificates, Licensures, Training

# Instructor Folders cont.

- Right Side of record in order from top to bottom...
  - TSF/ PD Appointment forms
  - Instructor renewal checklist
  - Instructor monitoring forms
  - Instructor candidate form
  - Copy of signed wallet card (front and back)
  - Certificates of in-service training directly related to ACLS/PALS



# ACLS Online Training

- Right now there is only one online training approved source for ACLS
- HeartCode ACLS Anywhere
- Must be current in both ACLS and BLS
- Must complete Skill check with in 30 days of completion of online didactic and printing certificate

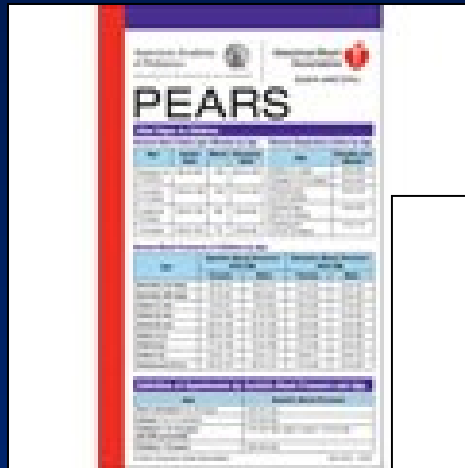


# ACLS Online Training

## cont.

- Two ways to do PCR for this...
  - 1. Have student do skills during a scheduled ACLS class and add them to the PCR and place “OL” in the written test column
  - 2. Have a stand alone PCR for this training and submit it at the end of each month.
  - Must submit copy of Certificate with the PCR

\*This can be found in Chapter 2 page 27 of handbook



# PEARS Program

- Pediatric Emergency Assessment, Recognition and Stabilization
- Video Based- Instructor-Led
- Students receive PEARs card
- Intended for Providers, Nurses, and Technicians not in direct contact with Peds pt's.

# PEARS Program

- Affiliation accomplished through PALS Program
- Order the PEARs Student/ Instructor manuals
- Submit affiliation request (same as PALS)
- Complete PCR
- CEU credits to be discussed

# CONCLUSION

